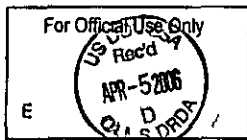


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|  |   |
|--|---|
| 1 File Number U <u>13022</u>   | 2 Fiscal Year Covered From<br><u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>   |
| 3 Name and address of person filing<br>Name <u>SCOTT</u> <u>POWDERS</u><br>P.O. Box Bldg Room No. if any _____<br>Street <u>2929 S. JEFFERSON</u><br>City <u>ST LOUIS</u><br>State <u>Missouri</u> ZIP Code + 4 <u>63118</u> | 4 Name, file number, and address of labor organization<br>Name <u>INTL UNION OF OPERATING ENGINEERS LOCAL 2</u><br>Labor Organization File Number <u>007074</u><br>P.O. Box Building and Room Number if any _____<br>Street <u>2929 S. JEFFERSON</u><br>City <u>ST LOUIS</u><br>State <u>Missouri</u> ZIP Code + 4 <u>63118</u> |
| 5 Position in labor organization<br><u>EMPLOYEE AND INSTRUCTOR</u>   |   |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

|  |  |
|--|--|
| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent |  |
| 6 Name and address of Employer (including trade name, if any)<br>Name _____<br>Trade Name, if any _____<br>P.O. Box Bldg Room No. if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____                         | 7 a Nature of Interest, Transaction, or Income<br>_____<br>7 b Amount<br>_____ |

Signature

|  |                           |   |
|--|---------------------------|---|
| 15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                           |   |
| Signed <u>[Signature]</u>  | On <u>2/27/06</u><br>Date | <u>(918) 758-4141</u><br>Telephone Number |

|                                     |               |
|-------------------------------------|---------------|
| Name of Person Filing SCOTT POWDERS | File Number U |
|-------------------------------------|---------------|

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**9 Business deals with**

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**11 a Nature of such dealing**

**11 b Approximate dollar value of such dealing**

**12 a Nature of interest held or income received**

**12 b Amount**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name NDE LOCAL 2 TRAINING FUND

Trade Name if any

P O Box Bldg Room No if any

Street 2929 S JEFFERSON

City ST LOUIS

State Missouri ZIP Code + 4 63118

**14 a Nature of payment**

AS AN EMPLOYEE AND INSTRUCTOR SCOTT PAID EXPENSES ON BEHALF OF THE TRAINING FUND THE TRAINING FUND REIMBURSE THE OUT OF POCKET EXPENSES

13 b Is the Business an Employer ☒ or Consultant ☐

**14 b Amount of payment**

\$340